



# New England High Intensity Drug Trafficking Area Course Enrollment Registration Form

(Please fill out completely!)

<b>Course Name:</b> <u><b>Courtroom Testimony</b></u>	<b>Date(s)</b> <u>May 6-7, 2009</u>
<b>Location:</b> <u>NEHIDTA Training Room, Methuen, MA</u>	

<b>First Name</b> <input style="width: 90%;" type="text"/> <b>Last Name</b> <input style="width: 90%;" type="text"/> <b>M. I.</b> <input style="width: 80%;" type="text"/>	<b>Arrest Authority:</b> <input type="radio"/> YES <input checked="" type="radio"/> NO	<b>Social Security #- last 4 digits only</b> <input style="width: 90%;" type="text"/> <b>email</b> <input style="width: 90%;" type="text"/>
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<b>Parent Agency</b> (What agency signs your check? Spell Out) <input style="width: 95%;" type="text"/>	<b>Your Rank/Title</b> -Spell Out. ( If none , type none) <input style="width: 95%;" type="text"/>
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<b>Job Mailing Address</b> -(Spell out)				<b>Phone Number</b> <input style="width: 90%;" type="text"/>	
<b>Agency</b>	<input style="width: 95%;" type="text"/>			<b>FAX Number</b>	<input style="width: 90%;" type="text"/>
<b>Address</b>	<input style="width: 95%;" type="text"/>			<b>Other Number</b>	<input style="width: 90%;" type="text"/>
<b>City</b>	<input style="width: 80%;" type="text"/>	<b>State</b>	<input style="width: 20%;" type="text"/>	<b>Zip Code</b>	<input style="width: 40%;" type="text"/>

<b>Does your Agency participate in a HIDTA Initiative?</b>			<b>Parent Agency is:</b> <input style="width: 90%;" type="text"/>
<input checked="" type="radio"/> <b>Yes</b>	<b>Initiative Name</b> <input style="width: 95%;" type="text"/>	<input type="radio"/> <b>No</b>	<input style="width: 90%;" type="text"/>

## Section below must be completed by Supervisor

<b>Approved by:</b> (Supervisor's First name, MI, Last name) <input style="width: 95%;" type="text"/>	<b>Supervisor's Signature:</b> <input style="width: 95%;" type="text"/>
<b>Rank/Title:</b> <input style="width: 95%;" type="text"/>	<b>Title:</b> <input style="width: 95%;" type="text"/>
<b>Agency and Address:</b> <input style="width: 95%;" type="text"/>	<b>Telephone:</b> <input style="width: 95%;" type="text"/>

Please **fax this Registration Form** to Cynthia Kahrman at **978-691-2510**.  
 A hard copy or fax **must be received with supervisor's approval before confirmation is sent**.  
**A confirmation letter will be sent as a reminder 2-3 weeks prior to the class.**